

Senate Study Bill 1004

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
COMMERCE BILL BY
CHAIRPERSON ANGELO)

Passed Senate, Date _____ Passed House, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to the provision under a group health insurance
2 policy or health maintenance organization contract for
3 compensation of podiatrists.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
5 TLSB 1797SC 80
6 pf/cl/14

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1 1 Section 1. Section 509.3, Code 2003, is amended by adding
1 2 the following new subsection:
1 3 NEW SUBSECTION. 8. A provision shall be made available to
1 4 policyholders, under group policies covering hospital,
1 5 medical, or surgical expenses for payment of necessary medical
1 6 or surgical care and treatment, as well as drug prescriptions,
1 7 provided by a person licensed to practice podiatry under
1 8 chapter 149, if the care and treatment are provided within the
1 9 scope of the person's license and if the policy would pay for
1 10 the care and treatment if the care and treatment were provided
1 11 by a person engaged in the practice of medicine and surgery as
1 12 licensed under chapter 148 or 150A. The policy shall provide
1 13 that the policyholder may reject the coverage or provision if
1 14 the coverage or provision for similar services which may be
1 15 provided by a podiatric physician is rejected for all
1 16 providers of services as licensed under chapter 148, 149, or
1 17 150A. This subsection applies to group policies delivered or
1 18 issued for delivery on or after July 1, 2003, and to existing
1 19 group policies on their next anniversary or renewal date, or
1 20 upon expiration of the applicable collective bargaining
1 21 contract, if any, whichever is later. This subsection does
1 22 not apply to blanket, short-term travel, accident-only,
1 23 limited or specified disease, or individual or group
1 24 conversion policies, or policies designed only for issuance to
1 25 persons for coverage under Title XVIII of the federal Social
1 26 Security Act, or any other similar coverage under a state or
1 27 federal government plan.

1 28 Sec. 2. Section 509.3, unnumbered paragraph 2, Code 2003,
1 29 is amended to read as follows:
1 30 In addition to the provisions required in subsections 1
1 31 through 7 8, the commissioner shall require provisions through
1 32 the adoption of rules implementing the federal Health
1 33 Insurance Portability and Accountability Act, Pub. L. No. 104=
1 34 191.

1 35 Sec. 3. Section 514B.1, subsection 5, Code 2003, is
2 1 amended by adding the following new paragraph:
2 2 NEW PARAGRAPH. e. The health care services available to
2 3 enrollees under prepaid group plans covering hospital,
2 4 medical, or surgical expenses shall include a provision for
2 5 payment of necessary medical or surgical care and treatment as
2 6 well as drug prescriptions provided by a person licensed to
2 7 practice podiatry under chapter 149, if performed within the
2 8 scope of the person's license and the plan would pay for the
2 9 care and treatment when the care and treatment were provided
2 10 by a person engaged in the practice of medicine or surgery as
2 11 licensed under chapter 148 or 150A. The plan shall provide
2 12 that the plan enrollees may reject the coverage for services
2 13 which may be provided by a podiatric physician if the coverage
2 14 is rejected for all providers of similar services as licensed
2 15 under chapter 148, 149, or 150A. This paragraph applies to
2 16 services provided under plans made on or after July 1, 2003,
2 17 and to existing group plans on their next anniversary or
2 18 renewal date, or upon the expiration of the applicable
2 19 collective bargaining contract, if any, whichever is the
2 20 later. This paragraph does not apply to enrollees eligible
2 21 for coverage under Title XVIII of the federal Social Security

2 22 Act or any other similar coverage under a state or federal
2 23 government plan.

2 24 EXPLANATION

2 25 This bill establishes provisions under group insurance
2 26 policies and health maintenance organization contracts to
2 27 require that if the policy or available health care services
2 28 currently cover or include care and treatment, as well as drug
2 29 prescriptions, if provided by a person licensed to practice
2 30 medicine and surgery under Code chapter 148 or a person
2 31 licensed to practice osteopathic medicine and surgery under
2 32 Code chapter 150A, the plan or health care services available
2 33 shall also allow for provision of the care and treatment, as
2 34 well as drug prescriptions, by a podiatrist. The bill also
2 35 requires that the care or treatment be within the scope of
3 1 practice of the podiatrist. The requirement applies to
3 2 policies delivered and issued and services provided under
3 3 plans on or after July 1, 2003, and to existing plans on the
3 4 latter of the anniversary, renewal, or expiration of a
3 5 collective bargaining contract.
3 6 LSB 1797SC 80
3 7 pf/cl/14